

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

69/669 187

FILING DATE

09-25-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		14	/			51		/				
2		/	15	/			52		/				
3		/	103	/			53		/				
4		/	104	/	/		54		/				
5		/	104	/	/		55		/				
6		/	104	/			56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71		/				
22		/					72		/				
23		/					73		/				
24		/					74		/				
25		/					75		/				
26		/					76	/					
27		/					77	/					
28		/					78	/					
29		/					79		/				
30		/					80	/					
31		/					81		/				
32		/					82	/					
33		/					83	/					
34		/					84		/				
35		/					85		/				
36		/					86		/				
37		/					87		/				
38		/					88		/				
39		/					89		/				
40		/					90		/				
41		/					91		/				
42		/					92		/				
43		/					93		/				
44		/					94		/				
45		/					95		/				
46		/					96		/				
47		/					97		/				
48		/					98		/				
49		/					99	/					
50		/					100	/					
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	194						TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						